

Weekly Pain Tracker

Name: _____
Give a copy to your therapist to track your progress

Break the Pain Cycle!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Pain Level <i>*(1 to 10)</i>	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Pain Duration <i>i.e. between 6-10am</i>							
Pain Quality <i>(constant, intermittent, achy, sharp, dull, throbbing, etc...)</i>							
Pain Location <i>(low back, knees, neck...)</i>							
Pain Triggers <i>(sleep, activity, stress)</i>							
Worse time of day or night for pain							
**How Pain Affects Lifestyle							
Pain Relief Methods	Exercise: Stress Managing: Therapy Medication Self-Care	Exercise: Stress Managing: Therapy Medication Self-Care	Exercise: Stress Managing: Therapy Medication Self-Care	Exercise: Stress Managing: Therapy Medication Self-Care	Exercise: Stress Managing: Therapy Medication Self-Care	Exercise: Stress Managing: Therapy Medication Self-Care	Exercise: Stress Managing: Therapy Medication Self-Care

*Pain Level (1 to 10) – as a reference 10 is equal to the most severe pain you ever experienced in your lifetime.

**How Pain Affects Lifestyle: *i.e. difficulty with: standing, getting out of car, walking, reaching, putting on clothes, concentrating...*

Stress Managing: *i.e. meditation or other relaxation techniques*

Therapy: *i.e. Acupuncture, Physical Therapy, Chiropractic, Pool Therapy, Massage*

Medication: *including injections, topical creams (analgesics)*

Worse time of day or night: *i.e. night time, when I wake up, daytime activity*

Self-Care: *i.e. foot soaks, hot packs, ice packs...*